

WISCONSIN TRAFFIC SAFETY REPORTER

JULY/AUGUST 2000

FOCUS ON *Safe Mobility in an Aging Society*

by John Evans, Director

Bureau of Transportation Safety
Wisconsin Department of Transportation

America is aging and Wisconsin is aging right along with it! Estimates are that 13 % of Wisconsinites are 65 years and older; by 2020 this will increase to 17%.

It is our responsibility to see that this segment of our population maintains "safe mobility." To this end, the WisDOT Bureau of Transportation Safety recently hosted the first symposium on "Safe Mobility in an Aging Society." We brought together local, state and national expertise to discuss and learn what is needed in the areas of health, education, engineering, law enforcement, and specialized transportation services.

We learned that older driver self-assessment, physician's advice, and driving performance evaluation help adapt driving to changing capabilities. Driver improvement courses can refresh our skills. Law enforcement officers assist in the assessment process and traffic and transportation engineers must give careful consideration to road design, markings, signals and traffic flow.

We need to treat this segment of the population with respect. That includes providing specialized transportation services to those who cannot transport themselves.

The graying of the baby boom generation is upon us. We must understand what is needed to make appropriate adjustments, and we need to work together to make safe mobility a reality for everyone.

In helping older citizens maintain safe mobility, we enhance the quality of life for all.

How aging affects driving

Vision — Eyes struggle to make out detail, absorb light, adapt to the dark, handle glare.

Hearing — Almost one third of those over 65 have significant loss. This jumps to 75% at age 75.

Flexibility — Arthritis and osteoporosis are factors, but even in healthy people, muscles deteriorate and limit movement. It's harder to check for cars in blind spots, grip the wheel, step on the brake, look behind to back the car.

Reaction time — Mental sharpness can remain the same, but the pace slows. It takes longer to process information, especially from several sources.

Fatigue and depression — Both can be common, brought on by a number of factors.

Medical problems that require medication — The older we get, the more prescription and over-the-counter medication we tend to take. These can cause drowsiness and disorientation (especially when combined with alcohol).

Heart disease and aftermath of stroke — One or both can cause disorientation, dizziness, fainting, blurred vision, weak limbs.

Source: *HANDLING THE ROAD as we grow older*, a brochure from St. Marys Hospital Medical Center in Madison. (Also see page 2.)

Driver improvement courses

Re-sharpening driving skills

According to NHTSA, the primary safety issue facing older drivers is how to adapt driving practices to accommodate declining functional capabilities while still maintaining necessary mobility.

AARP 55 ALIVE/Mature Driving is the nation's largest classroom driver improvement course for older drivers. Open to AARP members and non-members, the course helps drivers refine skills and develop defensive driving techniques. Two four-hour sessions take place over two days. The cost is \$10. Over 8,000 AARP-trained volunteers teach, administer and promote the course nationwide. In Wisconsin there were about 200 classes and 3,000 graduates in 1999. Evaluation of course effectiveness by the New York Department of Insurance found violation and fatal injury crash reductions among program graduates.

For fact sheets, briefing papers and local course information, call (888) AARP NOW or visit www.aarp.org/55alive. A new curriculum will be introduced in January 2001.

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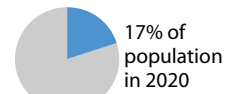
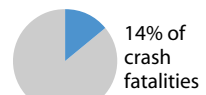
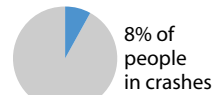
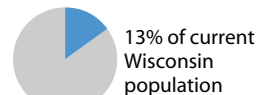
Elderly-friendly road design

by Peter Amakobe

The increasing number of older drivers poses important challenges for traffic and transportation engineers. WisDOT recognizes that engineers need to take a broad view of each project and keep in mind the needs of older drivers, and our *Facilities Development Manual* (FDM) is updated to include the latest findings. Limitations with vision, flexibility and reaction time influence design in the following areas.

continued on page 4

65+



Source: Wisconsin Departments of Administration and Transportation



ST. MARYS HOSPITAL MEDICAL CENTER

Hugo Tiedt teaches the AARP 55 Alive/ Mature Driving Course held during St. Marys Hospital October 1999 Celebrate Safe Driving Fair

PHOTO COURTESY OF ST. MARYS HOSPITAL MEDICAL CENTER



What can you do?

Stay as healthy as you can

- Ask your doctor to assess you for driving factors. Get your eyes checked, too.
- Regular exercise improves agility and range of motion.
- Sleep a full night before driving.
- Check with your doctor about the effects of your medications on driving and about any drug interactions. Remember, alcohol and driving don't mix.
- Challenge yourself mentally.

Compensate for slower reaction time

- Plan the safest route ahead of time.
- Don't drive in congested traffic.
- Use streets outside heavy pedestrian areas.
- Allow extra room between your car and the one ahead.
- Don't get distracted by the radio, car phone or conversation.

Make your car work for you

- Adjust the seat to sit high enough to see out all windows.
- Keep inside and outside glass and headlights clean.
- If you're buying a new car, get one with untinted glass and easy-to-reach dashboard controls. Take lots of short, easy drives to familiarize yourself with the car.

Respect Mother Nature

- Avoid rainy or snowy weather.
- Let fog burn off before starting out.
- Limit night driving.

Look into alternatives for days when you don't want to drive and for the time when you no longer can. Consider bus, taxi, friends, family, church programs, van services.

From *HANDLING THE ROAD as we grow older*, a brochure available by writing to: St. Marys Hospital Medical Center Community Relations and Development 707 S. Mills St., Madison, WI 53715

or from the St. Marys Web site at www.stmarysmadison.com

Driver Courses

from page 1

The AAA (American Automobile Association) Foundation for Traffic Safety (www.aaafoundation.org) has produced a new booklet, *How to Help an Older Driver*, and a 22-minute video, *The Older & Wiser Driver* (sold at cost). Call AAA-Wisconsin Public and Government Relations Department at (800) 236-1300 x 2486.

In 34 states legislation has been enacted requiring all automobile insurance companies doing business in those states to provide a multi-year premium discount to graduates of state-approved driver improvement courses. Wisconsin is not one of these states, but several companies offer voluntary discounts.



PHOTO COURTESY OF ST. MARYS HOSPITAL MEDICAL CENTER

Vision screening during St. Marys October 1999 Celebrate Safe Driving.

Conditions at time of crash

Light	Older Drivers			General population
	65-74	75-84	85 +	
Daylight	79.3%	84.9%	89.0%	64.0%
Dark/unlit	4.5%	3.3%	2.5%	9.8%
Dark/lighted	6.4%	5.1%	4.4%	14.3%
Dawn/dusk	2.7%	2.6%	2.3%	4.0%

Does not include unknown light conditions.

Road	Older Drivers			General population
	65-74	75-84	85 +	
Dry	65.2%	70.2%	74.7%	59.8%
Wet	14.7%	14.9%	13.5%	14.8%
Snow/slush/ice	10.3%	8.0%	6.9%	14.5%

Does not include unknown or less common road conditions.

Source: WisDOT, three year average



PHOTO COURTESY OF ST. MARYS HOSPITAL MEDICAL CENTER

Reaction time

"Reaction time is one of the most important factors in safe driving," says Dr. William Rock, Dean/St. Marys internist and St. Marys safety spokesperson. "Focus on the whole driving scene," he says, "instead of becoming distracted by a small portion of what is occurring." For instance, you might be cautious of a dog crossing the road but fail to notice at the same time someone pulling out of a driveway without looking.

From St. Marys GoldenCare UPDATE, Fall 1999



The *Wisconsin Traffic Safety Reporter* is published by the Bureau of Transportation Safety, Wisconsin Department of Transportation. Its purpose is to promote transportation safety, to recognize worthwhile programs, to educate and to share ideas with safety professionals.

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WisDOT Medical Review Unit

Helping drivers obtain a license which matches their abilities—this is the purpose of the Medical Review Unit. People come to the unit's attention in three ways:

- During the regular application or renewal process at a WisDOT Service Center.
- From crash reports in which a medical condition is noted as a possible contributing factor.
- From a Driver's Behavior Report submitted by a law enforcement officer, doctor or other citizens (in which case two names are required).

The next step depends on the person's condition. For example, a person who has lost a leg might be required to take a driving test, while a diabetic might need a medical exam. Anyone who cannot pass the full road test must pass a limited road test in order to get a restricted license.

Severity of injury to driver

	Older Drivers			General population
	65-74	75-84	85+	
Killed	0.3%	0.6%	1.2%	0.2%
Incapacitated	2.2%	2.6%	3.2%	2.0%
Not-incapacitated	5.5%	6.6%	7.2%	5.4%
Possible injury	10.7%	10.2%	10.0%	10.9%
Not injured	81.3%	80.0%	78.4%	81.5%

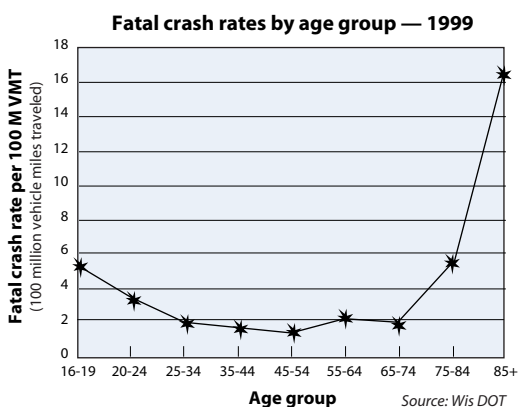
Source: WisDOT, three year average

Curative Rehabilitation Services

CRS, a community-based nonprofit agency in Milwaukee, is one of many Wisconsin service providers that help the elderly maintain independence while assuring safe driving.

Its two-part driver evaluation includes an in-clinic screening and an on-road driving test. When appropriate, suggestions are made regarding adaptive equipment, modified driving habits, or driver training to improve skills. This evaluation can help older drivers, along with family members and doctors, make well-informed decisions about their driving.

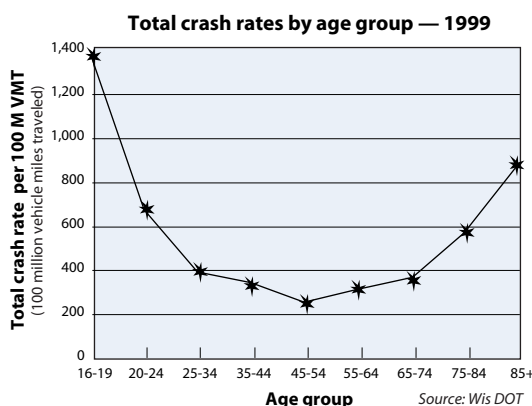
Call (414) 479-9233 or visit www.CurativeRehab.com.



Review of driving test results or medical evaluation determines any appropriate license restrictions (for example, driving restricted to a limited area) and follow-up periods. A person with a progressive medical condition (e.g., vision deterioration) might be required to provide a medical report periodically.

Brochures include: *How Medical Conditions Affect Your Driver's License*, *How to Report Medically Impaired Drivers*, and *Driving for a Person with a Disability*.

Contact Gail Ryan, WisDOT MRU, (608) 264-7393
gail.ryan@dot.state.wi.us.



Alzheimer's disease

As they grow older, an increasing proportion of the elderly is affected by this disease; from about 3% of 65 year olds to about half of those over 85. And while generally older people are among the safest drivers, the crash rate goes up sharply for people over 85 years old (see graph).

In a Johns Hopkins University study of people with early Alzheimer's, 75% continually drove below the speed limit. Mild Alzheimer's more than doubles the risk of auto crashes according to the National Institute on Aging.

While a person with this disease might not recognize that changes in cognitive and sensory skills impair their driving ability, family members need to be firm in their efforts to prevent the person from driving.

On the Alzheimer's Association Web site (www.alz.org), you can find helpful information, including warning signs of unsafe driving, tips on preventing a person with Alzheimer's from driving, and contact information for chapters in Wisconsin.

Information provided by Alzheimer's Association—Northeastern Wisconsin.

Help with crucial decisions

WisDOT Medical Review Unit's nursing consultant, Jennifer Enright-Ford, RN, travels the state helping older adults and their families understand how health affects driving and how the medical review process works. Meeting with community organizations, such as local Alzheimer's Association chapters, she emphasizes prevention and timely action. As soon as a degenerative disease is diagnosed, the medical review process is available to help people deal with what can be stressful decisions, and make appropriate and safe adjustments. She alerts people that their county department of aging can help them find alternative transportation if the need arises. Within the MRU Jennifer consults on how specific medical conditions affect ability to drive.

Undiagnosed Alzheimer's linked to many crashes

In a 1997 study published in the British medical journal *The Lancet*, Swedish researchers reported that undiagnosed Alzheimer's appears to contribute to a surprisingly high proportion of auto crash fatalities among the elderly.

Brain autopsies were performed on 98 drivers, aged 65 to 90, who had been killed in crashes. None of the subjects had been diagnosed with Alzheimer's, but in 33% of the subjects brain abnormalities characteristic of the disease were found, and, in another 20%, brain changes suggesting early stages of these abnormalities were found.

Source: New York Times

Doctors deal with dual responsibility

Drivers who are impaired, whether by physical condition or alcohol, cause many crashes, injuries and deaths, and much of this is preventable. Last year the American Medical Association's House of Delegates adopted new ethical guidelines calling on doctors to report impaired patients to state driver license bureaus—not to law enforcement—if other intervention fails.

The guidelines call for doctors to evaluate and document any physical or mental impairment that might adversely affect driving ability, and then consult with the patient, and, if appropriate, the family, recommending therapy and/or suggesting a change in driving patterns to minimize risk.

The guidelines state that it is desirable and ethical—not mandatory—to notify the appropriate state agency if impaired patients fail to appropriately restrict their driving. The guidelines exclude doctors, such as emergency physicians, who treat patients on a short-term basis.

Visit the AMA Web site at www.ama-assn.org.

Older Driver Highway Design Handbook

Federal Highway Administration (FHWA) has developed this handbook to help highway and traffic engineers accommodate the special needs of older drivers. Currently being updated, it provides design guidelines for geometrics, operations, signing, and pavement markings in four areas: at-grade intersections, grade-separated interchanges, roadway curvature and passing zones, and construction/work zones.

Last fall in Madison FHWA hosted a full-day workshop which included:

- How aging affects drivers' abilities and needs
- A review of recommendations from the handbook
- Case studies

Elderly-friendly design

from page 1

Intersections

The single greatest concern in accommodating older drivers and pedestrians is their ability to safely get through intersections. As we age, we respond more slowly to diverse stimuli; it is much easier for a young driver to quickly override an initial wrong response. Some intersection design considerations:

- To help with difficulties judging the distance and speed of oncoming traffic, intersections with moderate or high traffic volume should be straight and level for more than the minimum stopping sight distance. Vehicles popping over hill crests can surprise anyone.
- Left-turn lanes should ensure that vehicles don't block each other's view of approaching traffic.
- Older drivers tend to encroach into opposing lanes when making a left turn, so avoid using minimum lane widths at intersections.
- The angle between intersecting roadways should be 90°; sharper angles require turning the head further.
- Minimize decision-making required at intersections.

Location of crashes

Crash location	Older Drivers			General population
	65-74	75-84	85 +	
Intersection	53.4%	58.8%	61.7%	44.6%
Non-intersection	46.6%	41.2%	38.4%	55.4%

Source: WisDOT

Transportation for an Aging Society

In 1986, the Transportation Research Board (within the National Academy of Science) initiated a study on the mobility and safety needs of older persons. It convened a panel of experts to review transportation system design and operation and recommend improvements. Special Report 218 was published in 1988. With support from NHTSA, the Centers for Disease Control and Prevention, and the National Institute on Aging, a 10-year update, *Transportation for an Aging Society—Initiatives Drawn from a Decade of Experience*, will be published by TRB this year and will include new recommendations and a survey regarding the importance and ease to implement these recommendations. Visit TRB's Web site at www.nas.edu/trb.

AAHSTO Strategic Highway Safety Plan

Developed in 1996-97 by the American Association of State Highway and Transportation Officials, the Strategic Highway Safety Plan outlines a comprehensive, integrated approach to reduce deaths on our highways. One suggested action—develop a model effort to sustain safe mobility for older drivers, and demonstrate and evaluate the model in five geographical areas. See the plan on the Web at <http://safetyplan.tamu.edu>.

- Locations with high pedestrian volume should include refuge islands.
- Where appropriate, use roundabouts which eliminate the two critical crash types at normal intersections; right angle and left-turn.

Interchanges

Diminished ability to assess the speed and distance of other cars also causes problems for older drivers entering or exiting a highway. Acceleration/deceleration lanes must be long enough, and exits should be located away from sight-restricted areas.

Road curvature

Use slightly wider lanes on tight radius curves.

Contact Peter Amakobe, WisDOT standards development engineer, (608)266-2842 or

peter.amakobe@dot.state.wi.us.

Studying crash causes; a Marathon County case

WisDOT engineers studying traffic crashes are considering the limitations of older drivers as a possible contributing factor.

In August 1999, the Marathon County Highway Safety Commission contacted WisDOT Division of Transportation Districts, District 4, with concerns about crashes—including a recent fatality—at the intersection of WIS 29 and County Y near Hatley, 20 miles east of Wausau.

In three of the four crashes at this intersection during 1998, the drivers were ages 72, 74 and 89.

A study of crash reports suggested that decreased driver ability was a possible contributing factor. For example, before the crashes all three older drivers were stopped on County Y waiting to cross WIS 29. Crash reports and interviews suggested they might have had difficulty judging the speed and distance of approaching traffic.

At last fall's FHWA *Older Driver Highway Design Workshop* (see page 4), it was noted that older drivers can have decreased motion sensitivity—which diminishes ability to estimate closing speeds—and reduced processing speed—so they need more time to make a decision and respond.

A consultant will identify possible changes at the intersection as part of this on-going study.

Contact Ron Johnson, P.E., WisDOT-DTD-District 4 (715) 421-8349, ronald.johnson@dot.state.wi.us.

Public policy study

How to help the elderly stay mobile is a growing public policy concern. *Mobility in an Aging America: Design, Licensing and Alternative Transportation Options* is a study done by a team of students as part of a course on program and policy analysis at the La Follette School of Public Affairs, UW-Madison.

Research and conversation with transportation professionals focused on:

- Driving issues: sign perception problems, and highway and intersection design practices which cause problems for older drivers.
- Alternative licensing practices; especially renewal and revocation procedures.
- Community-based alternative transportation services. Three services were noted for their successful innovations: Independent Transportation Network in Portland, Maine (see page 7); Sedgwick County Transportation Brokerage in Wichita, Kansas, a centralized service matching riders with an appropriate transportation service; and OATS, Inc. in Columbia, Missouri which uses regional centralization to achieve cost savings.

Contact Jason Bittner at bittner@engr.wisc.edu.

Law enforcement

Law enforcement officers analyze a steady flow of cues when conducting any traffic encounter, and they perform an important role in the assessment of older driver capability. Older drivers present a mix of operational mobility and cognitive cues which help officers assess what is necessary for continued safe driving.

Sometimes a traffic stop results in a warning or citation, but sometimes the officer feels it is appropriate to submit a Driver Behavior Report to the WisDOT Medical Review Unit (see page 3).

Officers also collaborate with community agencies to provide information and training on self-assessment techniques and safe driving for older drivers.

NHTSA provides a pamphlet on law enforcement and safe mobility on its Web site at www.nhtsa.dot.gov/people/.



Officer Marie Burgette, Madison Police Department TEST (Traffic Enforcement Safety Team) talks with older adults about rules of the road and how medications affect driving during the May 16 25th anniversary celebration of the RSVP of Dane County Driver Escort Program (see page 7).

Pedestrian Safety Roadshow

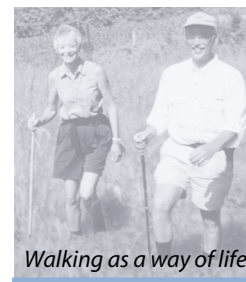
Each year approximately 5,300 pedestrians are killed and about 80,000 are injured by automobiles. To help reduce these numbers, FHWA and National Highway Traffic Safety Administration joined forces to develop the Pedestrian Safety Roadshow.

The roadshow helps communities develop their own approach to identifying and solving pedestrian safety and walkability problems. The four-hour workshop brings together community officials (e.g., engineering, planning, enforcement, educators and health), local business leaders and concerned citizens. The goal is to:

- increase awareness of pedestrian safety and walkability concerns
- provide information on how to make a community safe and walkable
- channel concern into an action plan

Wanted—Walkable Communities, a brochure about the roadshow process, *Local Sponsor's Guide*, and *Pedestrian Safety Resource Catalog* are available at www.ota.fhwa.dot.gov/walk.

Contact JoAnne Pruitt-Thunder, WisDOT, at (608) 267-3154 or joanne.pruitt-thunder@dot.state.wi.us.



Walking as a way of life

Regular exercise provides myriad health benefits for older adults including a stronger heart, positive mental outlook and an increased chance of remaining independent.

"Use it or lose it." That's what doctors are telling the elderly.

But seniors needn't think they have to sign up for high-impact aerobics classes or run 10K races to stay in shape. Instead, fitting a simple 35-minute walk into their daily activities can keep them physically strong and agile.

"Walking is a tremendously good activity for senior citizens. It's cheap, it's simple, almost anybody can do it and it has a multitude of health benefits for everyone," says Dr. Michael Pratt, Division of Nutrition and Physical Activity at the Centers for Disease Control and Prevention in Atlanta.

From *Pedestrian Safety Road Show*, FHWA Web site at www.fhwa.dot.gov.

Cedarburg fosters ped safety

In November 1999, while in a crosswalk, two elderly Cedarburg women on their way home from church were struck and killed by a motorist—also an elderly woman. This helped spark the formation of the Ad Hoc Bicycle and Pedestrian Safety Committee which brought the Pedestrian Safety Roadshow—facilitated by Tom Huber, WisDOT bike/ped coordinator—to town in February. By December 2000 the committee will provide the Common Council with a cost-effective plan to improve pedestrian safety and walkability in Cedarburg.

JULY/AUGUST 2000

WHSP Partners

WISCONSIN HIGHWAY SAFETY PARTNERSHIP

The Wisconsin Highway Safety Partnership (WHSP) fosters better communication and cooperation among all kinds of public and private organizations which promote traffic safety. ■ In this WHSP section of the *Traffic Safety Reporter*, three members of the partnership are profiled.

Caring for trauma patients has given Jill an appreciation of the importance of traffic safety and the need for better cooperation among people from diverse backgrounds to improve safety.

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WHSP Web site

www.danenet.org/wisms



Jill Fisher, RN

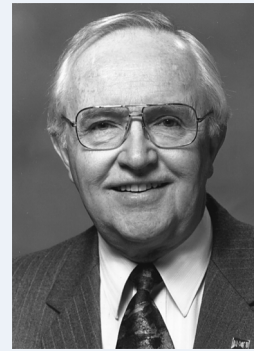
Wisconsin Emergency Nurses Association (WENA)

Jill is a flight nurse with University of Wisconsin Hospital & Clinics (UWHC) MED FLIGHT and works in the emergency departments at UWHC and the Sauk Prairie Memorial Hospital.

A critical care nurse her entire 27-year career, she often cares for victims of traffic crashes - care which includes helping the victim's family and friends. She teaches trauma patient care to emergency medical technicians, paramedics and fellow nurses, and is also active in the National Flight Nurses Association. As a member of WENA, which has always championed traffic safety, she has been active in injury prevention, including teaching proper child safety seat installation and use with Wisconsin SAFE KIDS Coalition.

Caring for trauma patients has given Jill an appreciation of the importance of traffic safety and the need for better cooperation among people from diverse backgrounds to improve safety. Many tragedies could be prevented if more people got involved and helped improve public awareness.

Contact Jill at jl.fisher@hosp.wisc.edu.



David Kuemmel

P.E. in Traffic Safety
Marquette University

Dave is currently with the Center for Highway and Traffic Engineering (CHTE) at Marquette University where he has taught and done research for the past 11 years. Dave founded CHTE and was its first director.

He has 46 years of highway and traffic engineering experience, of which the first 35 were with the City of Milwaukee. From 1966 to 1982 he was chief traffic control engineer prior to becoming Commissioner of Public Works.

During the 1970s and early 1980s, Milwaukee was a leader in traffic and pedestrian safety. It was the first city to computertize traffic crash records and, using federal highway safety funds, have a full-time traffic engineer for crash investigation. When the savings to the public were documented, the position and program were continued with city funding. Dave also served on the city's fatality review committee. Consisting of representatives of engineering, safety education and enforcement (the "three E's" of traffic safety), this committee met regularly to review each fatal crash and make recommendations to improve programs or facilities in all three areas.

Dave serves on numerous national technical committees and panels for the Institute of Transportation Engineers and the Transportation Research Board. For 25 years he has been a member of the Signals Technical Committee of the National Committee on Uniform Traffic Control Devices. He served for nine years as vice-chair for programs and chairs the edit committee to re-write the *Manual on Uniform Traffic Control Devices* to be published by FHWA this year.

For 11 years Dave has done crash and safety analysis research related to winter maintenance and surface texture. Two reports, *Accident Analysis of Ice Control Operations* and *Benefit/Cost Comparison of Salt Only vs. Salt/Abrasive Mixtures Used in Winter Highway Maintenance in the USA* studied safety and benefit/cost relationships on state highways before and after winter de-icing. Both studies have been widely distributed and used by highway agencies to document winter safety performance.

Contact Dave at david.kuemmel@marquette.edu.



Wayne Bigelow

Center for Health
Systems Research
and Analysis
(CHSRA),
UW-Madison

Within CHSRA, Wayne directs the Wisconsin CODES (Crash Outcome Data Evaluation Systems) Project which links WisDOT crash data with health-related data (hospital discharge and death certificate data). These unique data sources utilize "probabilistic linkage" which allows researchers to merge data sources even with no personal identifiers (e.g., name) in the data.

Currently working on his Ph.D. in preventive medicine, his health care research focuses on information systems, financing and quality assurance. He is currently working in the areas of injury prevention and epidemiology.

"The value of CODES data lies in the combination of crash and occupant-specific information (such as restraint and alcohol use) with health outcome data which enables us to evaluate crash outcomes and costs."

Using CODES data, he and other CHSRA researchers have developed reports on:

- Health outcomes and costs associated with individuals not wearing safety belts (see *Traffic Safety Reporter*, 10/99, pg 1).
- Factors causing serious lower leg injuries.
- Traumatic brain injuries in Wisconsin.

A member of the Madison City Council for 10 years, on the city's Public Health Commission, and now as a Dane County Supervisor, he notes that, "for CODES to be of value it needs to provide useful information to policy makers in both local and state government."

Visit the Wisconsin CODES Project Web site at www.chsra.wisc.edu/codes.

Contact Wayne at (608) 263-4846 or Wayne_Bigelow@chsra.wisc.edu.

Specialized transit services in Dane County

Driver Escort Program

RSVP (Retired & Senior Volunteer Program) of Dane County just celebrated the 25th anniversary of its Driver Escort Program. With funding help from Dane County Department of Human Services, this transportation service for older adults, currently with 530 volunteers, has become one of the largest and most successful in the nation.

Working from home, volunteer coordinators schedule rides with volunteer driver escorts who use their own vehicles and are reimbursed at 30 cents per mile. Passengers are asked to donate an amount they can afford.

Since these are sensitive assignments, driving record and crime checks are done for each prospective volunteer, and auto insurance information is required. Over the past 25 years, RSVP drivers have volunteered 550,000 hours and have driven 5 million miles with less than 10 reported crashes.

Contact Gene Kundert, RSVP, (608) 238-7787

Rides for Asian and Latino/Latina Elderly

Through innovative transportation funding provided by Dane County Human Services, Spanish-speaking older adults, many of whom spend their days caring for grandchildren, can now safely ride to a support group the first Wednesday of every month. The North/Eastside Senior Coalition arranges taxis and volunteer rides to bring this group together at the Madison Senior Center where they socialize and listen to educational programs in Spanish. Using the same transportation funding, the Southside Coalition hosts an Asian dinner for Hmong, Vietnamese and Cambodian refugees one Sunday each month.

Jim Stickles, North/Eastside Senior Coalition at jstickles@hotmail.com

Safe mobility in Portland, Maine

In 1989, Katherine Freund witnessed a tragic crash involving an older driver. It left an indelible impression. She realized there is an ever-increasing need for transportation alternatives to help the elderly maintain their dignity and independence.

Since then, this idea has blossomed into the Independent Transportation Network which uses automobiles and both paid and volunteer drivers to provide door-to-door service, seven days a week, 24 hours a day.

ITN delivered its first ride in 1995 with help from an AARP grant to study the role of volunteerism. Their big break came in 1997 when the Federal Transit Administration funded the ITN to develop a national model for economically sustainable senior transit funded by a web of community support. The model encompasses support through user fares, volunteer drivers, membership dues, business participation and support from adult children. Annual dues of \$15 help elderly patrons of the service feel ownership and a sense of belonging.

"When an ITN vehicle arrives to pick up passengers, it looks and feels like a neighbor's or family member's car," observes Freund, but by using appropriate technology and creative thinking the network captures the efficiency of mass transit.

With a cashless, pre-paid account system, seniors pay for their rides by the mile, earning discounts for advance planning and ride-sharing. Programs such as the Adult Child Payment Program, Ride & Shop, Healthy Miles, and Car Trade help seniors pay for their rides, and they connect the community in a web of support for safe mobility.

Katherine was one of the speakers at the June 22-23 *Safe Mobility in an Aging Society* symposium in Appleton. Visit ITN's Web site at www.itninc.org.



MADISON METRO TRANSIT

Wisconsin transit resources

Providers of passenger transportation in rural or small urban areas of Wisconsin are eligible to take advantage of the following opportunities:

Projects funded by the Rural Transit Assistance Program (RTAP), administered by WisDOT and managed by Center for Transportation Education and Development in the Outreach Division of UW-Milwaukee:

- Wisconsin Transit Resource Center
- Passenger assistance and sensitivity driver training workshops
- Peer-to-peer network
- *Grassroutes* newsletter
- Advanced defensive driving skills workshops
- Annual rural and specialized transit conference.

RTAP scholarships to attend any transit-related training (certain eligibility requirements apply).

Membership in the Wisconsin Rural and Paratransit Providers (WRAPP), an association of professionals providing a resource network and peer support to any person or agency involved in rural and specialized transportation. Annual membership is \$25/year.

For more information call (888)-560-3382

Coalition of Wisconsin Aging Groups

CWAG is a statewide, nonprofit, non-partisan coalition of 640 organizations and thousands of individuals who represent older adults.

Providing advocacy and education, CWAG represents the elderly on civic and political issues. In the last budget session, much work was done to increase state funding for the Specialized Transportation Assistance Program for Counties (see article at right).

Individual membership (\$15/year) is open to everyone and covers up to two persons in a household.

Call (800) 366-2990



**AAMVA
Region III
Award**

This newsletter recently won the American Association of Motor Vehicle Administrators Region III (Midwest) Public Affairs and Consumer Education Award for the best external newsletter. Evaluation is based on how well a publication meets its goals, quality and creativity.

Resources



SAFE MOBILITY IN AN AGING SOCIETY

Joan Fernan, communications manager, WisDOT Bureau of Transportation Safety (608) 266-1972, joan.fernan@dot.state.wi.us

Improving Transportation for a Maturing Society (1997), USDOT (www.volpe.dot.gov/opsad/mature.html):

- demographic scenarios of aging in the U.S.
- human factors of aging
- alternative transportation
- medical issues

This study provides a framework for *Safe Mobility for Older People Notebook*, with information from NHTSA's "Model Driver Screening and Evaluation Program" (www.nhtsa.dot.gov/people/injury/olddrive/safe/).

AAA Foundation for Traffic Safety supports research and provides educational materials for drivers and pedestrians (see page 2). www.aafts.org.

Alternative transportation

by Ron Morse

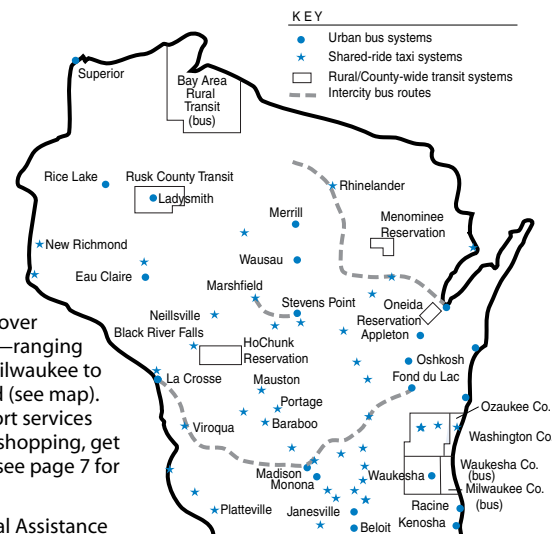
Mobility is an important quality of life issue for everyone, and a variety of transportation services are available for the elderly and those with disabilities.

Public transit is available in over 65 Wisconsin communities—ranging from fixed-route buses in Milwaukee to shared-ride taxis in Medford (see map). County governments support services which enable people to go shopping, get medical care and socialize (see page 7 for Dane County examples).

WisDOT sponsors the Capital Assistance Program, a competitive grant program which combines federal and state dollars for specialized transit vehicles. Grants for 80% of the cost of eligible equipment can go to nonprofit agencies which transport the elderly and people with disabilities and also to local governments which coordinate transportation services or which are in communities without a nonprofit service provider. Call (608) 266-0560.

The state-funded Specialized Transportation Assistance Program for Counties, begun in 1978, bases allocations on the proportion of the state's elderly and disabled population located in each county, with the less populated counties receiving a minimum allocation. Eligible expenditures include:

- Directly providing, coordinating or purchasing transportation service
- Subsidizing passengers
- Volunteer driver escort reimbursement
- Performing or purchasing planning and management studies
- In-service training
- Purchasing equipment for transportation service



The State of Wisconsin is a partner in supporting quality transit service throughout the state. Transit in Wisconsin is more than an urban transportation solution.

Contact program manager Larry Kieck, WisDOT, at (608) 266-9476 or lawrence.kieck@dot.state.wi.us.

The Americans with Disabilities Act of 1990 requires that any service offered by a public entity (e.g., county government) must also be available to the disabled. For example, a service which transports the elderly to a meal site must include a way for an elderly person with a disability to get there too. Fixed-route bus systems must provide complementary paratransit service for people with disabilities who can't use the fixed-route service. Demand-responsive service—like shared-ride taxi—must provide comparable service for all passengers, including those with disabilities.

Contact Ron Morse, WisDOT Specialized Transit Section, (608) 266-1650, ronald.morse@dot.state.wi.us.

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